

Overlake Hospital Medical Center

Charity Care Policy

Effective February 1, 2009

Purpose

Overlake Hospital Medical Center (OHMC) is committed to the provision of medically necessary health care services to all persons in need of such services regardless of ability to pay. In order to protect the integrity of operations and fulfill this commitment, the following criteria for the provision of charity care, consistent with the requirements of the Washington Administrative Code, Chapter 246-453, are established.

Communication to the Public

OHMC's charity care policy shall be made publicly available through the following elements:

- A. A notice advising patients that OHMC provides charity care shall be posted in key areas of the hospital, including Admitting and the Emergency Department.
- B. OHMC will concurrently make available a written notice indicating the policy to patients at the time of service in the form of a flyer. This written information shall also be verbally explained at this time. If for some reason, for example in an emergency situation, the patient is not notified of the existence of charity care before receiving treatment; he/she shall be notified as soon as possible thereafter.
- C. Both the written information and the verbal explanation shall be available in any language spoken by more than ten percent of the population in OHMC's service area, and interpreted for other non-English speaking or limited-English speaking patients and for other patients who cannot understand the writing and/or explanation.
- D. OHMC shall train front-line staff to answer charity care questions effectively or direct such inquiries to the appropriate department in a timely manner.
- E. Written information about OHMC's Charity Care Policy shall be made available to any person who requests the information, either by mail, by telephone or in person. OHMC's sliding fee schedule, if applicable, shall also be made available upon request.

Eligibility Criteria

Charity care is generally secondary to all other financial resources available to the patient, including group or individual medical plans, worker's compensation, Medicare, Medicaid or medical assistance programs, other state, federal, or military programs, or any other situation in which another person or entity may have a legal responsibility to pay for the costs of medical services. Note: Patients with Third Party Liability claims or Motor Vehicle Accident coverage are ineligible for charity care coverage.

The medically indigent patient will be granted charity care regardless of race, national origin, or immigration status.

In those situations where appropriate primary payment sources are not available, patients shall be considered for charity care under OHMC's policy based on the following criteria:

- A. To meet the requirements of WAC 246-453-040 and WAC 246-453-050, OHMC has adopted the following model:
 - ♦ The full amount of OHMC's charges will be determined to be charity care for a patient whose gross family income is at or below 150% of the current federal poverty level

- ♦ The following sliding fee schedule shall be used to determine the amount that shall be written off for patients with incomes between 151% and 400% of the current federal poverty level. In addition to income, for patients with incomes between 151% and 400% of the current federal poverty level, the existence and availability of family assets may be considered in determining the applicability of the sliding fee schedule. Family is defined as a group of two or more persons related by birth, marriage, or adoption that live together; all such related persons are considered as members of one family.
- ♦ The responsible party's financial obligation remaining after the application of any sliding fee schedule shall be payable in monthly installments over a reasonable period of time, in accordance with the Self Pay Follow Up Policy. The responsible party's account shall not be turned over to a collection agency unless payments are missed or there is some period of inactivity on the account, and there is no satisfactory contact with the patient.

Charity Percentage Discount

	Patient Liability Amount						
	Discount Percentage (%)						
% of FPL	\$0-\$1,000	\$1,001-\$2,500	\$2,501-\$5,000	\$5,001-\$10,000	\$10,001-\$25,000	\$25,001-\$50,000	\$50,001 and up
0-200%	100%	100%	100%	100%	100%	100%	100%
201-250%	80%	85%	90%	95%	96%	97%	98%
251-300%	60%	65%	70%	75%	80%	85%	90%
301-400%	30%	35%	40%	50%	60%	70%	80%

Note: Income is defined as total cash receipts before taxes derived from wages and salaries, welfare payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to the individual.

- B. OHMC may offer Catastrophic Charity, which means OHMC may write off as charity care amounts for patients with family income in excess of 150% of the federal poverty level when circumstances indicate severe financial hardship or personal loss that goes beyond the charity care discount as outlined above. In these cases, patients should submit a written request for a further review along with the details of the catastrophic situation. The decision to grant Catastrophic Charity and the amount to be written off shall lie with OHMC's Pricing Committee in accordance with other existing policies regarding the approval for authority to purchase/spend OHMC's financial resources.

- C. OHMCs provision of charity care is for the benefit of the community served by OHMC and, as such, patients who are not residents of Washington State will be eligible for charity care only for services provided within the Emergency Department or as a result of a direct admission from the Emergency Department. In addition, the services must be determined to be a medical emergency by an OHMC Emergency Department physician.
- D. Exceptions to the Washington State residency requirement shall also include refugees, asylees, and those seeking asylum that possess and can present INS documentation.

Process for Eligibility Determination

A. Initial Determination:

- 1. OHMC shall use an application process for determining eligibility for charity care. Requests to provide charity care will be accepted from sources such as physicians, community/religious groups, social services, financial services staff, and the patient.
- 2. During the patient registration process, or at any time prior to the final payment of the bill and after the patient has been notified of the existence and availability of charity care, OHMC will make an initial determination of eligibility based on verbal or written application for charity care.
- 3. Pending final eligibility determination, OHMC will not initiate collection efforts or request deposits, provided that the responsible party is cooperative with OHMC's efforts to reach a final determination of uncompensated care status.
- 4. If OHMC becomes aware of factors which might qualify the patient for charity care under this policy, it shall advise the patient of this potential and make an initial determination that such account is to be treated as charity care.

B. Final Determination:

- 1. Prima Facie Write-Offs. In the event that the responsible party's identification as an indigent person is obvious to hospital personnel, and the hospital can establish that the applicant's income is clearly within the range of eligibility, OHMC may grant charity care solely on this initial determination. This same criteria holds true for deceased patients where OHMC cannot identify a spouse, estate or other assets. In these cases, OHMC is not required to complete full verification or documentation, per WAC 246-453-030 (3).
- 2. Charity care forms, instructions, and written applications shall be furnished to patients when charity care is requested, when need is indicated, or when financial screening indicates potential need. All applications, whether initiated by the patient or OHMC, should be accompanied by documentation to verify income amounts indicated on the application form. The following documents shall be required to sufficiently provide evidence of income levels upon which to base the final determination of charity care eligibility:

- a) Pay stubs from all employment during the current time period;
- b) An income tax return from the most recently filed calendar year or A W-2 withholding statement from the prior tax year.

OHMC reserves the right to request more than one of the following documents in cases where the above documentation is unavailable:

- a) Forms approving or denying eligibility for Medicare and/or state funded medical assistance;
- b) Forms approving or denying unemployment compensation;
- c) Written statements from employers or DSHS employees;
- d) Personal and company bank statements (if self-employed) *plus* an income tax return from the most recently filed calendar year;
- e) Written letter of support from the person(s) providing financial support;
- or
- f) Other documents as appropriate.

3. During the initial request period, the patient and OHMC may pursue other sources of funding, including Medical Assistance Administration and Medicare. OHMC may not require that a patient applying for a determination of indigent status seek bank or other loan source funding.
 4. Usually, the relevant time period for which documentation will be requested will be three months prior to the date of application. However, if such documentation does not accurately reflect the applicant's current financial situation, documentation will only be requested for the period of time after the patient's financial situation changed.
 5. Applications for Charity must be received and processed prior to the completion of the normal collection cycle, normally within 120 days (4 months) from the date of patient liability determination (complete patient statement cycle).
 6. In the event that the responsible party is not able to provide any of the documentation described above, OHMC shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person. (WAC 246-453-030 (4)).
- C. OHMC will allow a patient to apply for charity care at any point from pre-admission to final payment of the bill, recognizing that a patient's ability to pay over an extended period may be substantially altered due to illness or financial hardship, resulting in a need for charity services. If the change in financial status is temporary, OHMC may choose to suspend payments temporarily rather than initiate charity care.
- D. Time Frame for Final Determination and Appeals.
1. Each charity care applicant who has been initially determined eligible for charity care shall be provided with at least (30) calendar days, or such time as may reasonably be necessary, to secure and present documentation in support of his or her charity care application prior to receiving a final determination of uncompensated care status.
 2. OHMC shall notify the applicant of its final determination within thirty (30) days of receipt of all application and documentation material.
 3. The patient/guarantor may appeal the determination of eligibility for charity care by providing additional verification of income or family size to the Director of Revenue Cycle within thirty (30) days of receipt of notification.
 4. The timing of reaching a final determination of charity care status shall have no bearing on the identification of charity care deductions from revenue as distinct from bad debts, in accordance with WAC 246-453-020 (10).
- E. If the patient has paid some or all of the bill for medical services and is later found to have been eligible for charity care at the time the payment was made, he/she shall be reimbursed for any amounts in excess of what is determined to be owed.
- F. Adequate notice of denial:
1. When a patient's application for charity care is denied, the patient shall receive a written notice of denial which includes.
 - a. The reason(s) for the denial and the rules to support OHMC's decision;
 - b. The date of the decision; and
 - c. Instructions for appeal or reconsideration.
 2. When the applicant does not provide requested information and there is not enough information available for OHMC to determine eligibility, the denial notice also includes:
 - a. A description of the information that was requested and not provided, including the date the information was requested;
 - b. A statement that eligibility for charity care cannot be established based on information available to OHMC; and
 - c. That eligibility will be determined if, within thirty days from the date of the denial notice, the applicant provides all specified information previously requested but not provided.

3. The Pricing Committee will review all appeals. If this review affirms the previous denial for charity care, written notification will be sent to the patient/guarantor and the Department of Health in accordance with state law.

Approval Process

Once a determination of eligibility and amount is made, the application and accompanying information shall be reviewed sequentially by the appropriate persons as noted below:

Pt Financial Svcs Manager	Up to \$10,000
Director Revenue Cycle	\$10,001 to \$100,000
Vice President Finance	Over \$100,00, post Pricing Committee review/recommendation

Documentation and Records

- A. Confidentiality: All information relating to the application will be kept confidential. Copies of documents that support the application will be kept with the application form.
- B. Documents pertaining to the charity case shall be retained according to the retention policy.

Effective	2/1/2009	Document Owner	Peter Frutiger
------------------	-----------------	-----------------------	-----------------------